



AMENDMENT TRANSMITTAL LETTER				Docket No. SON-2356
Application No. 10/082,186-Conf. #4346	Filing Date February 26, 2002	Examiner K. Schubert	Art Unit 2137	
Applicant(s): Akira Kimura				
Invention: AUTHENTICATION SYSTEM AND METHOD, IDENTIFICATION INFORMATION INPUTTING METHOD AND APPARATUS ANDS PORTABLE TERMINAL				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
<p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p>				
<b>CLAIMS AS AMENDED</b>				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	46	- 46 =		x
Independent Claims	6	- 6 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Request for continued examination (RCE) (see 37 CFR 1.114)				790.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				<b>790.00</b>
<p><input checked="" type="checkbox"/> Large Entity      <input type="checkbox"/> Small Entity</p> <p><input type="checkbox"/> No additional fee is required for this amendment.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>18-0013</u> in the amount of \$ <u>790.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-0013</u> as described below. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</p>				
<span style="font-size: 1.5em; vertical-align: middle;">40,290</span>				
Dated: <u>March 31, 2006</u>				
Ronald P. Kananen Attorney Reg. No.: <u>24,104</u>				
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